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		lock 1 for any change of address)	Note Fee pape have	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	АТ	TORNEY DOCKET NO.	CONFIRMATION NO.		
10/635,615	08/07/2003		Chong-Oh Kim		P24028	9591		
TITLE OF INVENTION THEM AND USE THER	N: RADIOACTIVE MA REOF	AGNETIC FLUIDS FOR	TREATMENT OR DIAG	GNOSIS OF CANCE	R, PROCESS FOR PR	EPARING		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FE	E TOTAL FEE(S) DUE	E DATE DUE		
nonprovisional	YES	\$720	\$300	\$0	\$1020	07/01/2008		
EXAM	IINER	ART UNIT	CLASS-SUBCLASS					
SILVERMAN, ERIC E 1618		1618	424-630000	•				
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is					
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			listed, no name will be printed.					
			THE PATENT (print or typ					
recordation as set fort	h in 37 CFR 3.11. Com	itied below, no assignee bletion of this form is NO	data will appear on the pa I a substitute for filing an a	itent. If an assignee is assignment.	identified below, the d	locument has been filed for		
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)					
CHONG-Oh	Kim		DAEJEON, REPUBLIC OF KOREA					
Please check the appropri	iate assignee category or	categories (will not be pr	inted on the patent):	Individual 🖾 Corpor	ration or other private gro	oup entity Government		
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a. Applicant claims	tus (from status indicated s SMALL ENTITY statu	s. See 37 CFR 1.27.	☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).					
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Authorized Signature	M		Arnold Turk	Date	6/301	108		
Typed or printed name	Bruce H. Ber	rnstein	Reg. No. 33094	Registration No	29,027			
his form and/or suggesti Box 1450, Alexandria, V Alexandria, Virginia 223	ons for reducing this bur irginia 22313-1450. DO 13-1450.	den, should be sent to the NOT SEND FEES OR C	n is required to obtain or re 1.14. This collection is estition of the collection of officer pond to a collection of info	r, U.S. Patent and Trad TIHIS ADDRESS. SE	emark Office, U.S. Department of the emark of the emark Office, U.S. Department of th	d by the USPTO to process) ag gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,		
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	I & BERNSTEIN CLARKE PLACE 0191	, P.L.C.	I he Sta add trar	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
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			<u></u>			(Daie)			
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"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
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(A) NAME OF ASSIG			(B) RESIDENCE: (CITY						
CHONG-Oh	Kim		DAEJEON, REI	PUBLIC OF K	OREA				
Please check the appropriate assignee category or categories (will not be printed on the patent):									
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Advance Order - Y	of Copies		overpayment, to Depo	sit Account Number	the required fee(s), any de enclose an	ficiency, or credit any nextra copy of this form).			
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